

# Important Provider Notice



Re: Added Prior Authorization Requirements to Medical J Code Medications

8/1/2020

Dear Provider,

Thank you for your continued support in helping our members live healthier lives. This letter is provided as notification that beginning October 1, 2020, we will be adding specific medical J Code medications to the prior authorization list. These changes are a part of our ongoing responsibility to ensure members are receiving evidence-based, cost-effective medication(s) based on FDA approved use or medical necessity. If one of our members requires any of the following medications, please submit a standardized prior authorization request form and supporting clinical documentation via fax to our Clinical Utilization Management team at 1-508-823-6375 before your next patient appointment or prior to initiating therapy. The form can be found at [seniorwholehealth.com](http://seniorwholehealth.com).

Effective as of October 1, 2020, the following medications will require prior authorization:

J Code	J Code Description
J9301	OBINUTUZUMAB 10MG (Gazyva)
J9022	ATEZOLIZUMAB 10MG (Tecentriq)
J9034	BENDAMUSTINE HCL 1MG (BENDEKA)
J1453	FOSAPREPITANT 1MG (Emend)
J9043	CABAZITAXEL 1MG (Jevtana)
J9173	DURVALUMAB 10MG (Imfinzi)
J2562	INJECTION, PLERIXAFOR, 1 MG (Mozobil)
J9145	DARATUMUMAB 10MG (Darzalex)
J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS

In the near future, notification on any additional changes, such as removing or adding medical J Code medications to the prior authorization list, will be provided 60 days prior to implementation to minimize patient care impact. Please visit [www.seniorwholehealth.com](http://www.seniorwholehealth.com) to view the full list of medications requiring prior authorization.

If you have any questions, comments, or concerns about these changes and/or this process, please call the Senior Whole Health Pharmacy department at 1-855-818-4876.